

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037063 (3)

1. Corporation Name

MORELAND HOSIERY, INC.



Principal Place of Business

530 COMMERCE DR.
LARGO FL 34640

Mailing Address

P.O. BOX 3245
CLEARWATER FL 34630-8245
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

530 COMMERCE DR

City & State

LARGO FL

Zip

33770

Country

US

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. BOX 3245

City & State

CLEARWATER FL

Zip

33767

Country

US

3. Date Incorporated or Qualified

05/24/1993

4. FEI Number

59-3184599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MORELAND, WILLIAM H
530 COMMERCE DR.
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name

WILLIAM H. MORELAND

82 Street Address (P.O. Box Number is Not Acceptable)

530 COMMERCE DR

83

84 City

LARGO

FL

85 Zip Code

33770

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William H. Moreland

WILLIAM H. MORELAND

3/25/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MORELAND, WILLIAM H
STREET ADDRESS 440 S. GULFVIEW BLVD., #1708
CITY-ST-ZIP CLEARWATER BEACH FL 34630

TITLE D ☐ DELETE

NAME MORELAND, PEGGY B
STREET ADDRESS 440 S. GULFVIEW BLVD., #1708
CITY-ST-ZIP CLEARWATER BEACH FL 34630

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME WILLIAM H. MORELAND
1.3 STREET ADDRESS 450 S. GULFVIEW BLVD # 707
1.4 CITY-ST-ZIP CLEARWATER, FL 33767

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME PEGGY B. MORELAND
2.3 STREET ADDRESS 450 S. GULFVIEW BLVD # 707
2.4 CITY-ST-ZIP CLEARWATER, FL 33767

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

William H. Moreland

PEGGY B. MORELAND

3/25/98

812-585-9295

CP2E034 (10/97)